



CITY OF  
**FAYETTEVILLE**  
**ARKANSAS**

Business License  
125 W Mountain Street  
Fayetteville, AR 72701  
Phone: 479-575-8352  
Fax: 479-575-8202

## FAYETTEVILLE BUSINESS LICENSE APPLICATION

Business/Organization Name: \_\_\_\_\_  
Business Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Street Address: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_  
Owner Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Opened: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employees: Full Time \_\_\_\_ Part Time \_\_\_\_  
Is business owned by: minority woman veteran (optional- for data purposes only)  
Detailed description of business (A thorough description aids in faster application processing) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is business a: bar restaurant lodge other  
Number of rentals units (if applicable) \_\_\_\_\_  
Is business a sexually oriented business?..... Yes No  
Is your business home based?..... Yes No

Circle all of the following that apply to your business/organization. If yes, please describe.  
Do you lease or own your business? ..... Lease Own  
If leasing, building owner name \_\_\_\_\_  
Is the structure new?..... Yes No  
If no, what was the previous use/business of the structure? \_\_\_\_\_  
Is the structure vacant?.....Yes No If yes, since what date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Does building have a sprinkler system?.....Yes No  
Does building have a fire alarm?.....Yes No  
Is outdoor music or a dance floor proposed?.....Yes No  
Is there outdoor storage of material and/or equipment?.....Yes No  
If yes please describe: \_\_\_\_\_  
Do you store flammable/explosive materials?.....Yes No  
If yes, note type & quantities: \_\_\_\_\_

No business or other entity that is required by Chapter 118 of the City code to obtain a Business License shall operate without having and displaying at the business a valid and current City of Fayetteville Business License. I hereby certify that the above information is accurate and true to the best of my knowledge.

Applicant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_